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attached to this form in eccordonce with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X The address associated with Customer Number: 23524 OR State Zip	POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO							
Practitioners associated with the Customer Number: 23524								
OR Practitioner(a) named below (if more than ten palent practitioners are to be named, then a customer number must be used): Name	I hereby	appoint:						
Name Number Numbe	OR						omer number must be used):	
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Accept of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) with each application in which this form is used. The statement under 37 CFR 3.73(b) with each application in which this form is used. The statement under 37 CFR 3.73(b) with each application in which this form is used. The statement under 37 CFR 3.73(b) with each application in which this form is used. The statement under 37 CFR 3.73(b) with each application in which this form it was pointed practitioner is authorized to act on behalf of the easigns and must identify the application in which statement under 37 CFR 3.73(b) with each process of the statement under 37 CFR 3.7	as attornay(s) or agent(s) to represent the undersigned before the United States Patent and Trademerk Office (USPTO) in connection with any and all patient applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).							
OR Firm or Individual Name Individual Name								
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Address Address City State County Sespense Name and Address: Spyder Navigations L.L.C. 1209 Orange Street Willmington, DE 19801 Acopy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form its used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form its used. The statement under 37 CFR 3.73(b) in the practitioner appointed in this form its used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form its used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form its used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form its used. The bestiment under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form its used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form its used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form its used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form its used. The statement under 37 CFR 3.73(b) form PTO/SB/96 or equivalent is required to be included to the practical development of the practical developmen	OR							
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County Telephone Email Assignes Name and Address: Spyder Navigations L.L.C. 1209 Orange Street Wilmington, DE 19801 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be fitted in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the application in which this Form of Attorney is to be filled. SIGNATURE of Assignee of Record The individual whose signature and title is expelled below is authorized to act on behalf of the assignee. Company Name SPYDER NAVIGATIONS L.L.C. Signature Authorize Name Pat Mathews Date 9 August 2007	Address							
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The individual whose signature and title is supplied below in authorized to act on behalf of the assignce Company Name SPYDER NAVIGATIONS L.L.C. Signature Flat Mathews Date 9 August 2007	A copy of this form, together with a statement under 37 CFR 3.75(b) (Form PTOSB/RF or equivalent) is required to be filled in each application in which it his form is used. The statement under 37 CFR 3.75(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must Identify the application in which this Power of Attorney is to be filled.							
Company Name SPYDER NAVIGATIONS L.L.C. Signature								
Name Pat Mathews Date 9 August 2007								
	Signature Lat Mathews							
	Name		Pat Mathews		Date	9 Aug	urt 2007	
	Title		Authorized Person		Telephone	0		

This actions of tricomation is registed by 37 GPR 1.51, 1.52 and 1.33. The information is registed to shall no creation about 10 year public which is bit fared by the UREPTO to provision in registeration. Continuation is a provision of the UREPTO to provision in registeration. Continuation is a first indicated to early the UREPTO to provision in continuation in the UREPTO to the UREPTO to complete, and submitting the completed application from the UREPTO THE WIREPTO THE WAY way depending upon the included case. Any comments on the amount of time year vertice to complete the time about supportion for the Provision 10 to the UREPTO THE WAY WAY ADMINISTRATION OF THE WAY WAY ADMINISTRATION OF THE WAY ADMINISTRATION